

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

## FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 CANDIDATE /  
OFFICEHOLDER  
NAME

MS/MRS/MR

FIRST

MI

Leslie

NICKNAME

LAST

SUFFIX

Pool

### OFFICE USE ONLY

Date Received

AUSTIN CITY CLERK  
RECEIVED  
2015 JAN 14 PM 4 28

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY:

STATE:

ZIP CODE

☐ change of address

4 REPORT  
TYPE

☐ Annual

☐ Final Disposition

5 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF  
DEC. 31 OF THE PREVIOUS YEAR.

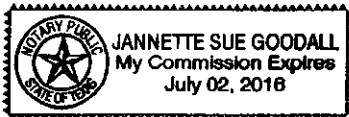
\$

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON  
UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS  
YEAR.

\$

### 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.



*Leslie Pool*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leslie Pool, this the 14th day  
of January, 20 15, to certify which, witness my hand and seal of office.

*Jannette Sue Goodall*  
Signature of officer administering oath

Jannette Sue Goodall  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS  
EXPENDITURES****FORM C/OH-UC  
PG 2**

<b>8 C/OH NAME</b>		<b>9 ACCOUNT #</b> (Ethics Commission filers)
<b>10 Date</b>	<b>11 Payee name</b> <hr/> <b>12 Payee address; City; State; Zip Code</b>	<b>13 Amount (\$)</b>
<b>14 Purpose of expenditure</b> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b>	<b>Amount (\$)</b>
<b>Purpose of expenditure</b> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b>	<b>Amount (\$)</b>
<b>Purpose of expenditure</b> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b>	<b>Amount (\$)</b>
<b>Purpose of expenditure</b> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	<b>Payee name</b> <hr/> <b>Payee address; City; State; Zip Code</b>	<b>Amount (\$)</b>
<b>Purpose of expenditure</b> (If travel outside of Texas, complete Schedule T) (See Instruction Guide)		<b>15 Is expenditure a contribution to a candidate, officeholder, or political committee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**